

FORM
5A

Rev
02/08

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

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COMPLETED INTERVAL REPORT

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: 76840 4. Contact Name: JEFF SCHNEIDER
2. Name of Operator: SCHNEIDER ENERGY SERVICES INC Phone: (970) 867-9437
3. Address: P O BOX 297 Fax: (970) 867-9137
City: FORT MORGAN State: CO Zip: 80701

5. API Number 05-123-25920-00 6. County: WELD
7. Well Name: STATE Well Number: 2
8. Location: QtrQtr: SWSE Section: 16 Township: 8N Range: 61W Meridian: 6
9. Field Name: SEVEN CROSS Field Code: 77000

Completed Interval

FORMATION: <u>CODELL</u>	Status: <u>COMMINGLED</u>
Treatment Date: <u>07/21/2008</u>	Date of First Production this formation: <u>07/22/2008</u>
Perforations Top: <u>6712</u> Bottom: <u>6720</u>	No. Holes: <u>32</u> Hole size: <u>3/8</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>PUMP 250,540# OF 20/40 FRAC SAND IN A GEL CARRIER/W 2801 BBLS OF H2O AND DISPLACED TO PERFORATIONS.</u>	
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Test Information:	
Date: <u>07/21/2008</u> Hours: <u>12</u> Bbls oil: <u>6</u> Mcf Gas: <u>19</u> Bbls H2O: <u>78</u>	
Calculated 24 hour rate:	Bbls oil: <u>48</u> Mcf Gas: <u>150</u> Bbls H2O: <u>130</u> GOR: <u>0</u>
Test Method: <u>VENTING</u> Casing PSI: <u>160</u> Tubing PSI: <u></u> Choke Size: <u>14/64</u>	
Gas Disposition: <u>VENTED</u> Gas Type: <u>WET</u> BTU Gas: <u>0</u> API Gravity Oil: <u>0</u>	
Tubing Size: <u>4 + 1/2</u> Tubing Setting Depth: <u>7100</u> Tbg setting date: <u>10/01/2007</u> Packer Depth: <u></u>	
Reason for Non-Production: <u></u>	
Date formation Abandoned: <u></u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u></u>	
Bridge Plug Depth: <u></u> Sacks cement on top: <u></u>	

FORMATION: <u>J SAND</u>		Status: <u>ABANDONED COMPLETION</u>	
Treatment Date: <u>10/02/2007</u>		Date of First Production this formation: _____	
Perforations	Top: <u>7222</u> Bottom: <u>7228</u>	No. Holes: <u>24</u>	Hole size: <u>3/8</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
PUMP AND DISPLACED 500 GAL ACID AND DISPLACED/W 26.3 BBLS H2O IN TO FORMATION.			
This formation is commingled with another formation:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:			
Date: <u>10/02/2007</u>	Hours: <u>12</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>0</u> Bbls H2O: <u>30</u>
Calculated 24 hour rate:		Bbls oil: <u>0</u>	Mcf Gas: <u>0</u> Bbls H2O: <u>60</u> GOR: <u>0</u>
Test Method: <u>vented</u>	Casing PSI: _____	Tubing PSI: _____	Choke Size: _____
Gas Disposition: <u>VENTED</u>	Gas Type: _____	BTU Gas: <u>0</u>	API Gravity Oil: <u>0</u>
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>7170</u>	Tbg setting date: <u>10/01/2007</u>	Packer Depth: <u>7170</u>
Reason for Non-Production:			
FORMATION WAS WET.			
Date formation Abandoned: <u>07/18/2008</u>		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____
Bridge Plug Depth: <u>7100</u>		Sacks cement on top: <u>2</u>	

FORMATION: <u>NIOBRARA-CODELL</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>07/21/2008</u>		Date of First Production this formation: <u>07/22/2008</u>	
Perforations	Top: <u>6422</u> Bottom: <u>6720</u>	No. Holes: <u>216</u>	Hole size: _____
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
COMMINGLE NB & CD			
This formation is commingled with another formation:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:			
Date: <u>07/21/2008</u>	Hours: <u>12</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>19</u> Bbls H2O: <u>30</u>
Calculated 24 hour rate:		Bbls oil: <u>0</u>	Mcf Gas: <u>150</u> Bbls H2O: <u>30</u> GOR: <u>0</u>
Test Method: <u>vented</u>	Casing PSI: <u>350</u>	Tubing PSI: _____	Choke Size: <u>14/64</u>
Gas Disposition: <u>VENTED</u>	Gas Type: <u>WET</u>	BTU Gas: <u>0</u>	API Gravity Oil: <u>0</u>
Tubing Size: <u>4 + 1/2</u>	Tubing Setting Depth: <u>7100</u>	Tbg setting date: <u>10/01/2007</u>	Packer Depth: _____
Reason for Non-Production:			
Date formation Abandoned: _____		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____
Bridge Plug Depth: _____		Sacks cement on top: _____	

